Anaphylaxis Management Policy

ST ANDREWS CHRISTIAN COLLEGE

Anaphylaxis Management Policy

PREAMBLE

All policy, protocols and procedures flow from the St Andrews Christian College Mission Statement:

"To educate our students so that they are well skilled, understand life on the basis of biblical truth, and are motivated to walk with God and serve Him in their lives, so that they will be a positive Christian influence in the world."

POLICY DOCUMENT INFORMATION

TITLE: Anaphylaxis Communication Plan

AUTHORS: St Andrews Christian College on advice from Russell Kennedy Lawyers

ACKNOWLEDGEMENTS: *Children's Services and Education and Training Reform (Anaphylaxis Management) Amendment Act 2008*

Health Records Act 2001

Ministerial Order 706

The Education & Training Reforms Act 2006 (VIC)

Occupational Health and Safety Act 2004

Department of Education, Victoria
- *Anaphylaxis Guidelines*
- *Anaphylaxis Management in Schools*
- *School Operations: Anaphylaxis*
- *School Operations: Allergies*

PURPOSE: To provide policy and direction for all the College Community.

RELATED DOCUMENTS: ASCIA Action Plan for Anaphylaxis College Documents:

a) Anaphylaxis Communication Plan
b) Emergency and Crisis Management Procedures
c) First Aid Policy and Procedures
d) Drugs and Addictive Substances Policy

KEY DATES

FIRST ISSUED: September 2020

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REVIEW DATE: 2027 *(annually or more frequently as required by Ministerial Order 706)*

APPROVAL REQUIRED: Executive Leadership Team (with input from the College Nurse)

ST ANDREWS CHRISTIAN COLLEGE

1. PREAMBLE

St Andrews Christian College (the **College**) is committed to protecting its students from all aspects of harm, and has established strategies, practices, policies and procedures to uphold this commitment.

The College's aim is to create an environment where students can receive a Christian education in a calm and Christ focused environment characterised by ethical behaviour and defined professional boundaries, and where they feel safe and supported by the College.

2. RATIONALE

Anaphylaxis is a whole-of-community responsibility. It is imperative, therefore, that as far as practicable, the College should be a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling. Effective allergy management practices ensure that potential risks are minimised.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

The key to prevention of anaphylaxis at the College is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the College and parents are important in ensuring that certain foods or items are kept away from the student while at the College.

3. AIM

This policy aims to:

a) Comply with Ministerial Order 706 and the associated guidelines on anaphylaxis managed, published and amended by the Department of Education from time to time.

b) Provide as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the school program and experiences.

c) Minimise the risk of an anaphylactic reaction occurring while students are in the care of the College.

d) Ensure staff members (and especially those with a duty of care to the College's students) have adequate knowledge about allergies, anaphylaxis and the College's policy and protocols in responding to an anaphylactic reaction.

e) Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Adrenaline device.

f) Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies, management strategies and an individual anaphylaxis management plan for the student.

g) Raise the College community's awareness of anaphylaxis and its management through education, compliance to policy, and risk minimisation strategies.

4. APPLICATION

This policy applies to parents of students, the Board, the Principal, College staff, volunteers, contractors and other authorised personnel of the College required to perform functions on the

College's premises or at events or activities held in connection with the College (including those occurring off-site).

The College recognises the importance of ensuring that all staff are trained in the identification of risk factors, the recognition of early signs of anaphylactic episodes and use of adrenaline devices.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any context that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the College recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen.

5. DEFINITIONS

5.1 *Allergen*

a) A substance that can cause an allergic reaction.

b) The most common allergens in school aged children are peanuts, tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts), eggs, cow's milk, wheat, soy, fish/shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns). Other common allergens include insect bites, particularly bee stings, also wasp, jumper jack ant stings, tick bites, some medications (e.g. antibiotics, anaesthetic drugs) and latex.

5.2 *Allergy*

An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

5.3 *Allergic Reaction*

A generalised allergic reaction is characterised by one or more symptoms or signs of skin and/or gastrointestinal tract involvement **without** respiratory and/or cardiovascular involvement.

Signs & Symptoms of a mild to moderate allergic reaction can include:

a) Swelling of the lips, face and eyes

b) Hives or welts

c) Tingling mouth

d) Abdominal pain and/or vomiting (signs of severe allergic reaction to insects).

5.4 *Anaphylaxis*

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Sign & Symptoms of Anaphylaxis (severe allergic reaction) can include:

a) Noisy/Difficulty breathing

b) Swelling of tongue

c) Swelling/tightness in throat

d) Difficulty talking and/or hoarse voice

e) Wheeze or persistent cough

f) Persistent dizziness or collapse

g) Pale and floppy (young children)

h) Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

5.5 *ASCIA Action Plans*

ASCIA (Australian Society of Clinical Immunology and Allergy) Action Plans are nationally recognised action plans for managing allergies.

ASCIA Action Plan for Anaphylaxis (RED)

This is for individuals at risk of anaphylaxis with prescribed adrenaline devices. It is device-specific; listing the student's prescribed adrenaline device (EpiPen, EpiPen Jr, Anapen 500, Jext Jr 150, Jext 300, Neffy 1mg or Neffy 2mg) and must be completed by the student's medical practitioner. This plan is one of the components of the student's individual anaphylaxis management plan. It is best to have the student's current school photo included on this action plan, to assist with identification in the College setting.

ASCIA First Aid Plan for Anaphylaxis (ORANGE)

This is a general first-aid plan for the management of anaphylaxis.

ASCIA Allergic Reactions Action Plan (GREEN)

These are for mild-to-moderate allergy responses that are non-anaphylactic.

If a student already has a ASCIA Action Plan for Anaphylaxis (RED), they do not need a green plan, as the red plan can list their medically confirmed allergens.

5.6 *Adrenaline Device*

An adrenaline autoinjector/device which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen, EpiPen Jr, Jext Jr 150, Jext 300, or Anapen 500.

5.7 *Anaphylaxis Supervisor*

A staff member nominated by the Principal to undertake appropriate training to be able to verify the correct use of trainer devices and lead the twice-yearly briefings on the College Anaphylaxis Management Policy. This person is the liaison between parents / guardians of a student at risk of anaphylaxis and the College.

See 15 *Roles and Responsibilities of College Nurse/Anaphylaxis Supervisor* for further information.

5.8 *Adrenaline Autoinjector for General Use*

A 'backup' or 'unassigned' adrenaline autoinjector purchased by the school. These can be EpiPen, EpiPen Jr, Jext Jr 150, Jext 300 or Anapen 500.

5.9 *Adrenaline Kit*

An insulated pouch storing a current adrenaline device with a tag of the student is attached, indicating the related allergy. This is stored in the students Year level box in the First Aid room. The ASCIA Action Plan for Anaphylaxis is located with the student's adrenaline device, on Paperly and in the 'High Risk' Folder located in First Aid room.

5.10 *Individual Anaphylaxis Management Plan (IAMP)*

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents/carers. The individual anaphylaxis management plan includes the ASCIA Action Plan for Anaphylaxis which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline device should the student display symptoms of an anaphylactic reaction. The individual anaphylaxis management plan also importantly includes personalised strategies to reduce the risk of an allergic reaction occurring.

Individual Allergic Reactions Management Plan (IARMP)

This is an individual plan for each student at risk of an allergic reaction, developed in consultation with the student's parents/carers which describes the student's allergies, symptoms, and appropriate response.

5.11 *Intolerance*

Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

5.12 *Risk Minimisation*

A practice of reducing risks to a student at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

5.13 *Students at Risk of Anaphylaxis*

Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

6. STATEMENT OF COMPLIANCE

The College will comply with Ministerial Order 706 (MO706), including guidelines related to anaphylaxis management in schools as published and amended by the Department of Education from time to time.[1]

7. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan (IAMP) is developed by the College Nurse in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, and where the College has been notified of the diagnosis. For students with non-anaphylactic allergies who have an ASCIA Allergic

[1] See Ministerial Order 706, Section 6.1.
Note: the Order does NOT apply to Outside School Hours Care (OSHC) programs, whether run by the school or an external provider

Reactions Action Plan (Green), an Individual Allergic Reactions Management Plan (IARMP) is to be developed.

A student's ASCIA Action Plan must be provided to the College before enrolment commences. The IAMP will be in place as soon as practicable after the student enrols at the College. The IAMP will be in a format approved by the ASCIA and will set out the following:

a) Information about the student including:
   1) Name.
   2) Date of birth.
   3) Recent photograph of the student.
   4) List of potential allergens.
   5) Family and emergency contact details.
   6) Details of the medical practitioner who was involved in the preparation of the ASCIA Action Plan for Anaphylaxis.
   7) Signature of the above medical practitioner on the student's Action Plan.
   8) Medications prescribed to the student and any comorbidities (e.g. Asthma).

b) Information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on the ASCIA Action Plan for Anaphylaxis (RED) signed by a medical practitioner).

c) A risk assessment with strategies implemented to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College staff, for in-school and out-of-school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the College.

d) The name of the person/s responsible for implementing the strategies.

e) Information on where the student's adrenaline device will be stored.

f) An ASCIA Action Plan, provided by the parent, that:
   1) Sets out the emergency procedures to be taken in the event of an allergic reaction.
   2) Is signed by a medical practitioner who was treating the child, and
   3) Includes an up-to-date photograph of the student: preferably a current school photo.

g) The student's IAMP will be reviewed in consultation with the student's parents/carers:
   1) Annually, or more frequently as applicable.
   2) As soon as practicable after a student has an anaphylactic reaction at the College.
   3) If the student's medical condition changes, in so far as it relates to allergy and the potential for anaphylactic reaction.
   4) When a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

h) IAMP's are located with the student's adrenaline device and a copy is stored with the Action Plan found in the 'High Risk' Folder in the First Aid room - see Management of Anaphylaxis (Prevention & Risk Minimisation Strategies) – Documentation and Medication below.

The Department of Education provides access to a template of the above stated plan.[2] The 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

Students Carrying Their Own Adrenaline Device

The decision whether a student can carry their own adrenaline device should be made when developing the student's IAMP, in consultation with the student, and the student's parents/carers/medical practitioner.

If a student carries their own adrenaline device, it may be prudent to keep a second adrenaline device (provided by the parent) on-site in an easily accessible, unlocked location that is known to all College Staff (First Aid room). Refer to *Drugs and Addictive Substances Policy.*

8. MANAGEMENT OF ANAPHYLAXIS - PREVENTION & RISK MINIMISATION STRATEGIES

The key to prevention of anaphylaxis is the identification of triggers or allergen and avoiding them. Factors to consider are:

a) Allergen.

b) Age of student.

c) Severity of allergy based on information from the parent and medical practitioner.

d) Activities of the student.

e) Facilities and the general school environment.

A common-sense approach to prevention and management of anaphylaxis is encouraged. Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable.

It is recommended that staff determine which strategies for various settings set out below are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the College, and the general College environment. Risk minimisation strategies should be considered for all relevant on campus and off campus settings. Not all strategies will be relevant for each circumstance.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the College's policy and procedures to prevent Bullying and Harassment.

For further information refer to the Anaphylaxis Communication Plan for further information.

The College shall:

[2] http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

a) Ensure that staff members responsible for the students at risk of anaphylaxis attend appropriate training, in accordance with Ministerial Order 706. Staff should therefore be able to respond quickly to an anaphylactic reaction if needed. This includes all activities organised by the College – both on site, and off site including between locations on a bus.

b) Ask all parents/carers as part of the enrolment procedure, prior to their student's attendance at the College, whether the student has allergies and document this information on the student's enrolment record. If the student has allergies, ask the parents / guardians to provide an ASCIA approved action plan signed by a medical practitioner.

c) Keep a complete and current register of students at risk of anaphylaxis. Information is found on Paperly and in the 'High Risk' Folder. For further information, refer to the Roles and Responsibilities of College Nurse / Anaphylaxis Supervisor section of this policy.

8.1 *Documentation and Medication*

The College shall:

a) Ensure that the adrenaline device and IAMPs are stored in the First Aid room, a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to students and away from direct sources of heat or cold (i.e. not in a fridge or freezer). Adrenaline devices are in the medication cupboard, and documentation (IAMPs including action plans) are in labelled cupboard above the workbench.

b) Display an ASCIA First Aid Plan for Anaphylaxis (ORANGE) in a key location at the College, for example, in the classroom, the staff room, or near the medication cupboard.

c) Ensure each adrenaline device is clearly labelled with the student's name, and photo as far as is practicable.

d) Student's ASCIA Action Plans are available for all staff on Paperly and can be accessed when the relevant staff member logs into Paperly.

e) Teaching staff are to be informed of any changes to these plans as soon as practicable.

f) Summaries of students and their allergens are located in the staff room.

A short Medical Summary from Paperly is provided to staff along with a student's medication which is taken on all College outings. This includes, but is not limited to excursions, camps and at special events conducted, organised or attended by the College. Teachers are to ensure the Action Plans and the medication is close to the student and easily accessible at all times. Staff must be aware of their exact location.

The adrenaline device should be carried in the College first aid kit; however, the College can consider allowing students, particularly adolescents, to carry their own adrenaline device if necessary. All College staff members have a duty of care towards the student even if they do carry their own adrenaline device.

8.2 *Avoiding Allergens*

The College has a café which operates five days a week. The following strategies are in place to minimise the risk of food related incidents in class (including class rotations, specialist and elective classes), during recess and lunchtime and at special events (e.g. incursions, sports, cultural days, fetes or class parties):

a) Students are encouraged to be aware of their allergens, and avoid them at all costs. This includes purchasing food at the College's café, icy poles and food at special events.

b) Teachers in charge of a class / activity are to liaise with parents about food-related activities ahead of time.

c) Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider alternative strategies and work with parents to provide appropriate treats for students at risk of anaphylaxis.

d) If food treats are used for classes it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. Staff are encouraged to use treats that do not contain the substance to which the student in their care is allergic.

e) Staff are to be aware of the possibility of hidden allergens and traces of allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

f) Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth. Party balloons should not be used if any student is allergic to latex. Cooking and art and craft games should not involve the use of known allergens.

g) Instead of food banning, a 'no-sharing' policy with the students with food allergy approach is encouraged for food, utensils and food containers.

h) Peanuts and nuts are the most common trigger for an anaphylactic reaction and potential death due to food anaphylaxis. To minimise the risk of a first-time reaction to peanuts and nuts, staff members should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during on campus and off campus activities. Teachers are discouraged from eating nuts as a quick snack in the classroom where there is a child with a nut allergy or when on playground duty.

i) Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. They should always wear closed shoes and long-sleeved garments when outdoors. College Staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.

8.1 *Contamination and Safe Food Handling*

Staff should be wary of the risk of cross-contamination when preparing, handling, displaying or serving food (whether internal or external). For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

They should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking. Also make sure that tables and surfaces are wiped down with warm soapy water regularly and that students wash their hands after handling food.

Staff serving food, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training.

8.2 *In the Yard or Otherwise Outside of Class Time*

Outside of class time, the following strategies will be adopted by the College:

a) All staff on yard duty are trained in the administration of the adrenaline device (eg. EpiPen or Anapen) to be able to respond quickly to an anaphylactic reaction if needed.

b) Staff on yard duty are required to keep a first aid kit with them. This includes before school, recess, lunchtime and after school.

c) In the case of an emergency during play time/yard duty, staff can use their personal mobile phones and/or send a responsible student to Reception to alert College Nurse/Receptionist.

d) If an incident were to occur between classes or during other breaks, students should call for help from a nearby teacher, or come to First Aid room for assistance. All students should be aware of the location of the First Aid room.

e) The adrenaline devices for general use and each student's ASCIA Action Plan for Anaphylaxis are easily accessible from all areas of the School, and staff are aware of their exact location. Adrenaline devices for general use can be used whilst the students own adrenaline device is collected from the First Aid room.

f) Efforts will be made to select plants for the school grounds to reduce the most allergenic pollens and avoid those which attract bees.

g) Lawns and oval will be mowed regularly.

h) Bins will be emptied regularly to reduce wasp numbers.

i) Students will be reminded to be cautious when eating food or drinking outside by covering drinks or avoiding eating outside.

8.3 *Excursions, Camps and Offsite Activities*

For special occasions, camps and extended trips, College Staff will be encouraged to consult parents in advance to either develop an alternative food menu or request that parents provide meals for the student (if required). Parents may wish to accompany their child on field trips and / or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis. Prior to camps / extended trips taking place College Staff should consult with the student's parents / medical practitioner (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the particular excursion activity. Parents and staff should consider the potential exposure to allergens when consuming food on buses and in cabins.

Prior to field trip, excursion etc. staff should conduct, a risk assessment and develop a risk minimisation strategy for each individual student attending who is at risk of anaphylaxis. These are to be checked by the Deputy Principal. It is recommended that staff consider strategies recommended in the Department Guidelines. This is to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken. The risks may vary according to the number of anaphylactic students attending, the nature of the event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners / operators prior to the event dates.

All College staff members present during off site activities need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

Prior to engaging a camp owner / operator's services the College should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner / operator cannot provide this confirmation to the College, or if the College has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students or consider using an alternative service provider. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

The College must not sign any written disclaimer or statement from a camp owner / operator that indicates that the owner / operator is unable to provide food which is safe for students at risk of anaphylaxis. The College has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

A mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered (e.g. a satellite phone).

College Staff participating in offsite events should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the venue provider has in place. An adrenaline device for general use should be taken on any off-site activity which includes excursions, camps, sporting events, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.

8.4 *Overseas Travel*

Students travelling overseas are required to have an ASCIA Travel Plan completed by their medical practitioner before travelling.
For overseas events, staff should consider risk minimisation strategies recommended in the Department Guidelines, and investigate the potential risks at all stages of the overseas travel such as:

a) Travel to and from the airport / port; to and from Australia (via aeroplane, ship etc.);

b) Various accommodation venues;

c) All towns and other locations to be visited;

d) Translation of the student's IAMP and ASCIA Action Plan for Anaphylaxis;

e) Sourcing safe foods at all of these locations;

f) Risks of cross contamination, including:

- Exposure to the foods of the other students;
- Hidden allergens in foods;
- Whether the table and surfaces the student may use will be adequately cleaned;
- Whether the other students will wash their hands when handling food.

g) Obtaining emergency contact details and the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited; and

h) Sourcing the ability to purchase additional adrenaline device;

i) Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and / or alteration to the travel plans as a result of an anaphylactic reaction can be paid.

j) Plan an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;

k) There will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and

l) Staff / student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

m) The College should re-assess its emergency response procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

1) Dates of travel;

2) Name of airline, and relevant contact details;

3) Itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;

4) Hotel addresses and telephone numbers;

5) Proposed means of travel within the overseas country;

6) List of students and their medical conditions, medication and other treatment (if any);

7) Emergency contact details of hospitals, ambulances, and medical practitioners in each location;

8) Details of travel insurance;

9) Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;

10) Possession of a mobile phone/other communication device that would enable College staff to contact emergency services in the overseas country if assistance is required.

8.5 *Work Experience*

The College should involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline device in case the work experience student shows signs of an allergic reaction whilst at work experience.

9. STORAGE OF ADRENALINE DEVICES (INCLUDING A STUDENT'S OWN AND THOSE FOR GENERAL USE)

The following procedures will be followed for storage of adrenaline devices by the College**:**

a) Adrenaline devices for individual students, or for general use, are stored correctly and able to be accessed quickly.

b) Adrenaline devices are stored in an unlocked, easily accessible place away from direct light and heat, but not in a refrigerator or freezer.

c) Each adrenaline device is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis.

d) Adrenaline devices for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with an ASCIA First Aid Plan for Anaphylaxis (ORANGE).

e) Adrenaline device trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline device which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

f) Whenever adrenaline devices for general use are taken and returned to/from their usual location, such as for camps, excursions or off-site activities, this must be clearly recorded showing date, time and person taking or returning the adrenaline device for general use.

g) During off-site activities, adrenaline devices will be carried in the College's first aid kit; however, College staff can consider allowing students, particularly senior students with known allergies or risks of anaphylaxis, to carry their own adrenaline device. Staff are made aware that they still have a duty of care towards the student even if they do carry their own adrenaline device.

h) Adrenaline devices for general use are stored in numerous locations around the College, along with Ventolin and a spacer.

i) Each adrenaline device for general use (purchased by the College) is labelled 'general use' and stored with an ASCIA First Aid Action Plan for Anaphylaxis (ORANGE).

j) Student's adrenaline devices, ASCIA Action Plan for Anaphylaxis and prescribed antihistamine (if applicable) is kept in a labelled pocket and bag in an unlocked cupboard in the First Aid room.

k) Consideration will be given, after assessment and information provided as to whether individual adrenaline devices should be kept in the student's classroom.

l) Adrenaline devices are reviewed monthly by the College Nurse and records maintained.

m) Parents are reminded in writing in the month prior to expiry of their child's school adrenaline devices to arrange a replacement review of the ASCIA Action Plan for Anaphylaxis with a medical practitioner.

10. Management Of Anaphylaxis - Emergency Response

10.1 *Self-Administration of the Adrenaline Device*

It is important to note that students who ordinarily self-administer their adrenaline device may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, College Staff must administer the adrenaline device to the student, in line with their duty of care for that student.

If a student self-administers an adrenaline device, one staff member should supervise and monitor the student, and another member of College staff should call 000 / 112 and request an ambulance.

When using a standard phone call 000 (triple zero) for an ambulance. If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

10.2 *Responding to an Incident*

It is imperative that an adrenaline device is administered as soon as signs of anaphylaxis are recognised.

Where possible, only College staff with training in the administration of the adrenaline device should administer the student's adrenaline device. However, the adrenaline device is designed so that in an emergency, any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis, can administer it.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).
Staff may use classroom phones / personal mobile phones to raise the alarm that a reaction has occurred.

When the message reaches Reception, a staff member will:

a) Deliver the adrenaline device to the student

b) Call an ambulance; and

c) Wait for ambulance at a designated College entrance

d) A second adrenalin device is to be sent to the emergency just in case a further device is required to be administered.

10.3 *Excursions and Camps*

Every excursion / camp requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of College staff trained in anaphylaxis must attend each event. Appropriate methods of communication need to be discussed, depending on the size of excursion / camp / venue. It is imperative that the process also addresses:

a) The location of adrenaline devices, ASCIA Action Plans for Anaphylaxis and IAMPs (i.e. who will be carrying them, and if there is a second first aid bag, who has it);

b) 'How' to get the adrenaline device to a student as quickly as possible in case of a severe allergic reaction; and

c) 'Who' will call for ambulance response, including giving detailed location address (e.g. GPS location, best access point or camp address).

10.4 *First Aid for Anaphylaxis*

If a trigger for allergic reaction has occurred, a member of the College staff should:

a) Remain with the student at all times and call for help.

b) Follow the student's ASCIA Action Plan for Anaphylaxis and look for signs of anaphylaxis.

10.5 *Action for mild to moderate reactions:*

a) For insect allergy – flick out sting if visible (the stinger should be scraped out using a hard object like a fingernail, credit card or piece of paper).

b) For tick allergy – freeze dry tick and allow to drop off.

c) Locate the student's adrenaline device.

d) Give other medications, such as antihistamines (if prescribed).

e) Contact family / emergency contact.

10.6 *Action for Anaphylaxis:*

a) Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit with their legs outstretched and check their airways for obstruction. If unconscious, lay in recovery position.

b) Administer adrenaline device following the instructions in the student's ASCIA Action Plan

10.7 *How to Administer an Adrenaline Device:*

EpiPen

1) Remove from plastic container and check expiry date.
2) Form a fist around EpiPen and pull off the blue safety release cap.
3) Hold the leg still and place orange end against the student's outer mid-thigh (with or without clothing.).
4) Push down hard until a click is heard or felt and hold in place for 3 seconds.
5) Remove EpiPen.
6) Note the time you administered the EpiPen.
7) The used EpiPen must be handed to the ambulance paramedics along with the time of administration.

Anapen

1) Check expiry date.
2) Pull off the black needle shield.
3) Pull off the grey safety cap from the red button.
4) Place needle end firmly against the outer mid-thigh at a 90° angle (with or without clothing).
5) Press red button so it clicks.
6) Hold for 3 seconds.
7) Remove Anapen. Note the time you administered the Anapen.
8) The used Anapen must be handed to the Ambulance paramedics along with the time of administration.

Jext

1) Form fist around Jext and pull off yellow cap
2) Place black injector tip against outer mid-thigh (with or without clothing)
3) Push black tip firmly until a click is heard and hold in place for 3 seconds
4) Remove Jext
5) Note the time of administration
6) The used adrenaline device must be handed to the ambulance paramedics along with the time of administration

Neffy

1) Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.
2) Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.
3) Place the nozzle of the nasal spray into a nostril until fingers touch the nose. For smaller nostrils, aim for the fingers to touch the nose.
4) Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose.
5) Press plunger up firmly until the dose is administered and it sprays into the nostril.
6) The used adrenaline device must be handed to the ambulance paramedics along with the time of administration.

10.8 *When the Adrenaline Device Is Administered, The College must:*

a) Immediately call 000 / 112 and request an ambulance.
b) Reassure the student as they are likely to be feeling anxious / frightened as a result of the reaction and the side-effects of the adrenaline.
c) Watch the student closely in case of a worsening condition.
d) Ask another staff member to move other students away and reassure them elsewhere.
e) In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), further adrenaline doses may be administered after five minutes, if a second adrenaline device is available (such as the adrenaline device for general use).
f) Then contact the student's emergency contacts.

10.9 *First-Time Reactions*

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, College staff should follow the College First Aid Policy and Procedures. This should include;

a) Following instructions on the ASCIA First Aid Plan for Anaphylaxis (ORANGE)
b) Locating and administering an adrenaline autoinjector for general use
c) Followed by calling 000 / 112 and requesting an ambulance
d) Contacting the parent/carer

10.10 *Post-Incident Support*

An anaphylactic reaction can be a very traumatic experience for the student, staff, other students witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling. This may be provided by the College counsellor or chaplain. See *Emergency and Crisis Management Procedures*.

10.11 *Review*

After an anaphylactic reaction has taken place that has involved a student in the College's care and supervision, it is important that the following review processes take place:

a) The adrenaline device must be replaced by the parent as soon as possible.

b) If the adrenaline device for general use has been used, it should be replaced as soon as possible by the College.

c) In the meantime, the Principal or allocated staff member should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement being provided by the parent/carer.

d) The student's IAMP should be reviewed in consultation with the student's parents.

e) The College's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students in the care of the College. This will help the College to continue to meet its ongoing duty of care to students.

11. Management Of Anaphylaxis - adrenaline device for General Use

11.1 The Principal or allocated staff member is responsible for the purchase of additional adrenaline device(s) for general use and as a back-up to those supplied by parents. These are a back up to those supplied by parents and should have the ASCIA First Aid Plan for Anaphylaxis (ORANGE) attached to all generic adrenaline devices.

11.2 The Principal will determine the number of additional adrenaline devices required. In doing so, the Principal will take into account the following relevant considerations:

a) The number of students enrolled at the College who have been diagnosed as being at risk of anaphylaxis;

b) The accessibility of adrenaline devices that have been provided by parents/carers of students who have been diagnosed as being at risk of anaphylaxis;

c) The availability and sufficient supply of adrenaline devices for general use in specified locations at the College, including in the school yard, excursions, camps and special events conducted or organised by the College; and

d) Adrenaline device have a limited life, usually expiring within 12-18 months, and will need to be replaced at the College's expense, either at the time of use or expiry, whichever is first.

e) The expiry date of the adrenaline autoinjectors should be checked regularly to ensure they are ready for use

11.3 An adrenaline device database is maintained and monitored by the College Nurse and ensures the replacement of devices after use or before the expiry date.

11.4 It is recommended that adrenaline devices for general use be used when:

a) A student's prescribed adrenaline device does not work, is misplaced, out of date or has already been used; or

b) Instructed by medical officer after calling 000/112.

11.5 ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis. Further information is available on ASCIA's website.

11.6 Trainer adrenaline devices are not stored in the same location as actual adrenaline devices to avoid confusion.

12. Management Of Anaphylaxis - Communication Plan

The College's *Anaphylaxis Communication Plan* includes:

a) The way in which the College will provide information to all staff, students, parents and the community about Anaphylaxis, including provision of and access to this policy.

b) Procedures to inform volunteers, regular casual relief staff and trainees of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction of a student in their care.

Awareness of Anaphylaxis is raised within the College community through the display of fact sheets, posters and direct communication from the College Nurse.

13. Management Of Anaphylaxis - Training [3]

All staff have a responsibility to participate in the risk management and care of students at risk of Anaphylaxis. This includes educating the College community and maintaining awareness of Anaphylaxis and allergic reactions.
The Principal will ensure a sufficient number of staff receive anaphylaxis training that is comprehensive and complies with the Ministerial Order 706. General First Aid training does NOT meet the anaphylaxis training requirements under MO706.

The Department recommends that ALL Victorian school staff undertake the online training course.
As a minimum, the following College staff will be appropriately trained in accordance with clause 12 of MO706:

a) Staff who conduct classes attended by students with a medical condition relating to allergy and the potential for a reaction, and

b) Any other College staff as determined by the Principal to attend based on an assessment of risk of anaphylactic reaction occurring while the student is under the care or supervision of the College.

Staff must complete one of the following to meet the anaphylaxis training requirements of MO706 and record the dates that training has occurred.

The College will implement #1, as recommended by the Department of Education for all school staff.
The Principal will ensure that school staff identified in accordance with clause 11.3 have completed a face to face anaphylaxis management training course in the three years prior.

Training	Completed by	Course	Provider	Valid for
1	**All College staff** **AND** **2 staff** per school (Anaphylaxis Supervisor)	*ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor within 30 days of completion *Course in Verifying the Correct Use of Adrenaline Device Devices 22579VIC*	ASCIA Hero	2 years 3 years

[3] DET: Guidance for Developing an Anaphylaxis Management Policy for your School

2	College staff as determined by the Principal	*Course in First Aid Management of Anaphylaxis 22578VIC*[4]	Any RTO that has this course in their scope of practice	3 years

In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

a) Title and legal requirements as outlined in Ministerial Order 706.

b) The College Anaphylaxis Management Policy;

c) The causes, symptoms and treatment of anaphylaxis;

d) The identities of students at the College at risk of anaphylaxis (including their photo), their allergens, year levels and risk management plans that are in place.

e) ASCIA Anaphylaxis e-training.

f) ASCIA Action Plan for Anaphylaxis and how to administer an adrenaline device, including hands on practice with a trainer adrenaline device;

g) The College's general first aid policies and emergency response procedures; and

h) The location of, and access to, adrenaline device that have been provided by parents or purchased by the College for general use

i) On-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the College Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the Principal will develop an interim IAMP in consultation with the parents of any affected student. Training must occur as soon as possible thereafter.

Training will be provided to relevant College staff as soon as practicable after the student enrols, and preferably before the student's first day at the College.

The Principal will ensure that while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, organised or attended by the College, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course in accordance with clause 11 of Ministerial Order 706.

14. Annual Risk Management Checklist

The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

The Principal is responsible for ensuring that the College completes the Annual Risk Management Checklist at the start of each school year to help ensure all aspects of anaphylaxis management are covered. The Principal is also responsible for signing the checklist once it has been completed at the start of each school year.

See *Roles and Responsibilities* below for further information.

[4] *22578VIC replaces previous* 22300VIC.

15. Roles and Responsibilities

15.1 *Roles and Responsibilities of the Principal*

Ensuring that school staff who conduct classes that students at risk of anaphylaxis attend, and any further staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the College), are trained and briefed at least twice per calendar year in accordance with the requirements in clause 11 of Ministerial Order 706. In this regard, the Principal is responsible for ensuring that the school staff identified in clause 11.1 (as outlined above) are briefed twice per year, with the first briefing to be held at the beginning of the school year.

Ensuring sufficient trained relevant staff members are available to supervise students at risk of allergy and Anaphylaxis during and outside of normal class activities (eg at sports activities, excursions and camps).

Assuming responsibility for completing and signing an Annual Risk Management Checklist at the beginning of the school year.

Ensure that the College develops, implements and reviews its Anaphylaxis Management Policy in accordance with the VRQA/DE guidelines and Ministerial Order 706.
Ensure the College, staff, parents/carers and students meet their responsibilities outlined in this document. This includes:

a) Following the emergency response procedures in this policy, together with the College's general first aid / emergency response procedures and the student's ASCIA Action Plan.

b) Ensuring the documentation of practical strategies for activities in both on campus and off site to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. IAMPs should be customised to the particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate / overseas trips).

Ensure students' IAMPs are communicated to the relevant homeroom teacher by email.

Ensure that a Communication Plan is developed to provide information to all College staff, CRTs, students and parents about anaphylaxis, the College Anaphylaxis Management Policy and students identified with risk of anaphylaxis.

Ensuring that this policy is available for all parents, including regular communication via College newsletters and/or posters to communicate information and maintain awareness. Parents of the student diagnosed at risk of Anaphylaxis will be provided with a copy of this policy. A notice is displayed prominently stating that a student diagnosed at risk of Anaphylaxis is being educated at the College.

Allocate time, such as during staff meetings, to discuss, practise and review the College Anaphylaxis Management Policy. Practise using the trainer adrenaline device as required. Undertake drills to test effectiveness of the College's general first aid procedures. Arranging the purchase of additional adrenaline devices for general use and as a back-up to those supplied by parents/guardians and to ensure all medications and plans are within expiry date and that medicines are stored appropriately.

With regard to the factors outlined at 11.1, the Principal will authorise that the College purchase at least one adrenaline device for general use as a back up to the one supplied by parents for each student diagnosed with anaphylaxis, plus a minimum of one additional adrenaline device for general use if, to the College's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or anaphylaxis.

Work with the College Nurse as outlined below.

15.2 *Roles and Responsibilities of College Staff*

All Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, CRTs, specialist staff, sessional teachers and volunteers.

Responsibilities include:

a) Understand and implement the College's Anaphylaxis Management Policy.

b) Be aware of and follow the prevention strategies outlined in this policy.

c) Understand the causes, symptoms, and treatment of anaphylaxis.

d) Obtain relevant and up to date training in how to recognise and respond to an anaphylactic reaction, including competence for administering an adrenaline device.

e) Be familiar with the College's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.

f) Know the identity of students who are at risk of anaphylaxis, by name and face. Staff must also be aware of the students' allergens / triggers.

g) Know where to find a copy of each student's IAMP and ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction which may progress to anaphylaxis.

h) Know the location of where the student's adrenaline device and generic (or general) adrenaline devices are stored.

i) Know and follow the prevention and risk minimisation strategies in the student's IAMP.

j) Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either on site, or away from the College. Work with parents to provide appropriate food for their child if the food the College / class is providing may present a risk to the student.

k) Ensure that the adrenaline device for each student at risk of anaphylaxis is carried by the designated first aid staff member who has current anaphylaxis training when the student is attending excursions or sports events.

l) Raise student awareness about severe allergies and the importance of their role in fostering a College environment that is safe and supportive for their peers.

15.3 *Roles and Responsibilities of College Nurse*

The College Nurse will work with the Principal to:

a) Develop, implement and review the College Anaphylaxis Management Policy.

b) Provide information necessary to assist the Principal in completing the Annual Risk Management Checklist for anaphylaxis. This is to monitor compliance.

Note: A template of the Annual Risk Management Checklist can be found online in the DE Anaphylaxis Guidelines. content.sdp.education.vic.gov.au.docx

Provide information to the College community about resources and support for managing allergies and anaphylaxis via the College newsletter and other correspondence.

Arrange to purchase and maintain an appropriate number of adrenaline device for general use as instructed by the Principal, to be part of the College's first aid supplies / kits, as per the requirements outlined in Ministerial Order 706.

Work with the Principal, parents and students to develop, implement and review each IAMP to:

a) Ensure that the student's emergency contact details are up-to-date;

b) Ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline device (EpiPen, Anapen, Jext)

c) Ensure that a copy of the IAMP (including the ASCIA Action Plan for Anaphylaxis) is stored with the student's adrenaline device and a copy provided for the class / homeroom teacher.

d) Obtain relevant training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline device.

Keep a complete and up-to-date register / list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Regularly check adrenaline device expiry dates.

A complete and current register of students at risk of anaphylaxis, as well as adrenaline device expiry dates can be found on the College Administration Network. If the designated staff member identifies any adrenaline devices which are out of date, they should consider:

a) Sending a written reminder to the student's parents to replace the adrenaline device;

b) Advising the Principal that an adrenaline device needs to be replaced by a parent; and

c) Working with the Principal to prepare an interim IAMP pending the receipt of the replacement adrenaline device, (which could include that the student is not to return to school unless a replacement adrenaline device is given to the College).

15.4 *Roles and Responsibilities of Anaphylaxis Supervisor*

Each Supervisor will:

a) Ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Device Devices 22578VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).

b) Ensure that they provide the Principal with documentary evidence of currency in the above courses.

c) Assess and confirm the correct use of adrenaline device (trainer) devices by other College staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.

d) Send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to ensure records of the anaphylaxis training undertaken by all College staff are stored on-site at the College.

e) Provide access to the adrenaline (trainer) device for practice use by staff.

f) Provide regular advice and guidance to staff about allergy and anaphylaxis management in the College as required.

g) Liaise with parents/carers (and, where appropriate, the student) to manage and implement IAMPs.

h) Liaise with parents/carers (and, where appropriate, the student) regarding relevant medications within the College.

i) Lead the twice-yearly anaphylaxis school briefing.

j) Develop College-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:

   1) A bee sting occurs on College grounds and the allergic student is conscious.

   2) An allergic reaction where the student has collapsed on College grounds and the student is not conscious.

   3) Develop similar scenarios for when staff are demonstrating the correct use of the adrenaline device (trainer) device.

15.5 *Roles and Responsibilities of Parents/Carers*

Parents have an important role in working with the College to minimise the risk of anaphylaxis. Parents are required to:

a) Work in partnership with the College as outlined in this policy.

b) Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the student, at the earliest opportunity, preferably prior to, or on enrolment. This information is requested during the enrolment process.

c) Continue to communicate with and assist College staff in planning and preparation for the student prior to camps, excursions, incursions, or special events such as (e.g. class parties, cultural days, fetes or sport days).

d) Assist in identifying and / or providing alternative food options for the student when appropriate.

e) Parents/carers of new students who are at risk of anaphylaxis, must ensure the College is provided with an adrenaline device and ASCIA Action Plan for Anaphylaxis for that student prior to the commencement of studies.

f) Inform the College, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.

g) Obtain information and appropriate documentation from the student's medical practitioner about their condition and any medications to be administered.

h) Immediately inform the College in writing of:

   - All relevant information and concerns relating to the health of the student. This includes providing a current ASCIA Action Plan for Anaphylaxis. The plan must contain emergency procedures, prescribed medications, signed by the student's medical practitioner.

   - Note: ASCIA Action Plans include a recommended review date, which coincide with the patient's next scheduled appointment with their medical practitioner. The student's photo must be updated annually.

- Any changes to their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan for Anaphylaxis and photo.
- Any changes to the student's emergency contact details.

i) Meet with the College to develop the student's IAMP and strategies of the student's IAMP (e.g. when there is a change to the student's condition or at an annual review).

j) Participate in a review by the College, in consultation with the student's parents, of their child's IAMP every 12 months or more frequently if the student:

- Experiences a change to their medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction.
- Suffers an anaphylactic reaction at school (in which case the review must occur as soon as practicable after the reaction).
- Is to participate in an off-site activity such as a camp or excursion, or a special event conducted, authorised or attended by the College.

k) Provide all student medications to the College that pertain to the student's ASCIA Action Plan for Anaphylaxis. This includes the prescribed Adrenaline Device that matches the Action Plan.

l) Provide the College with a current and unexpired adrenaline device (the College's preference is an EpiPen) for their child.

m) Medications must be current and not expired. Replacement adrenaline devices and any other medications must be provided to the College before they expire. It is the responsibility of the parent to keep track of expiry dates.

n) Provide an up-to-date photo for their child's IAMP when the ASCIA Action Plan for Anaphylaxis is provided to the College.

o) Read, be familiar and comply with this policy.

p) Ensure an adrenaline device for use is available at home and can be used for overnight excursions or camps in addition to the adrenaline device held at the College.

q) Ensure their child has suitable arrangements to manage anaphylaxis when travelling to and from school. It is the responsibility of the parents to notify the College if travel arrangements to and from the College change between reviews of their child's IAMP.

16. Resources and Support

Department of Education: Anaphylaxis Management in Schools
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. Further information is available at: http://www.allergy.org.au/

My EpiPen provides a wide range of resources and information for managing the use and storage of the Adrenaline Device devices. They also provide a free service that sends a reminder by email, SMS or post option prior to the expiry date of an adrenaline device. Further information is available at: www.myepipen.com.au

Allergy & Anaphylaxis Australia is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: https://allergyfacts.org.au/allergy-anaphylaxis

Royal Children's Hospital Anaphylaxis Advisory Line provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/

Royal Children's Hospital, Department of Allergy and Immunology provide information about allergies and the services provided by the hospital. Further information is available at:
http://www.rch.org.au/allergy/

Access to the free anaphylaxis training for all Victorian schools: https://training.ascia.org.au

Informational video: SchoolNuts - Food Allergy & Anaphylaxis Education

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 1 – *Duty of Care*

All schools have a legal duty to take reasonable steps to protect their students from reasonably foreseeable risks of injury. In some circumstances, school volunteers engaged in school activities also have a duty of care to students. E.g. where volunteers have a direct supervision role with a student at risk of anaphylaxis, and where there are no school teachers present.

In relation to anaphylaxis management, a school's obligations extend to whether it knows or 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis. The school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis.

When determining what actions or steps need to be undertaken to comply with their obligations under the Act, the Order and these Guidelines as well as the school's Anaphylaxis Management Policy, school staff should ask themselves what a reasonable person would do in all the circumstances.

One of the best ways to do this is through the enrolment process, by asking parents to specify, in a clearly defined section of the student enrolment form, 'yes' or 'no' as to whether their child has an allergy. Schools should proactively and promptly follow up parents/carers if this question is not answered and should do so repeatedly until a parental response has been received.

If the answer is 'yes', the school should ensure that sufficient information is provided by the parents (either in the enrolment form or by way of separate correspondence), including an appropriate ASCIA Action Plan for Anaphylaxis, or ASCIA Action Plan for Allergic Reactions if the student has not been diagnosed as being at risk of anaphylaxis. If sufficient information is not provided by the parents/carers, schools should again follow this up until adequate information is provided. All efforts made by the school to follow up parents for information should be appropriately documented and saved for future reference if required.

Another way for schools to be kept informed of enrolled students at risk of anaphylaxis is to routinely remind parents/carers and students to advise the school of any change in their circumstances, including any relevant changes in the diagnosis and treatment of medical conditions. This should be done periodically (e.g. once or twice per year and can be done via newsletters or other regular communications to the school community.

From time to time, schools could also discuss allergy and anaphylaxis issues at school assemblies and/or remind students to ensure that their health information is accurate and up to date. The effectiveness of this particular method of information gathering will of course depend significantly on the age of the students, and should not be relied on as the sole means of schools being kept informed.

Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable schools to obtain the information required to meet their duty of care to students.

In addition, it is essential that schools develop a comprehensive School Anaphylaxis Management Policy in accordance with these Guidelines and the Order. This will greatly assist schools to adequately discharge their duty of care to students at risk of anaphylaxis. The policy should be readily accessible to all staff, parents and students, for example on the College's website.